FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D <

NOV 2 2 2006

Expires: Estimated average burden hours per response . . . 16.00

3235-0076

Serial

SEC USE ONLY Prefix NOTICE OF SALE OF SECURITIES

OMB Number:

PURSUANT TO REGULATION Dit DATE RECEIVED SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

	•	~
Name of Offering (check if this is an amend	ment and name has changed, and indicate change.)	
WebMayhem, Inc. d/b/a Liberated S	Syndication/Libsyn	
Filing Under (Check box(es) that apply):	ule 504 🔲 Rule 505 🗵 Rule 506 🔲 Section	on 4(6) ULOE
Type of Filing: New Filing Amen	dment	
	A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer		
Name of Issuer (check if this is an amendment	ent and name has changed, and indicate change.)	
WebMayhem, Inc. d/b/a Liberated S	Syndication/Libsyn	
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
262 45 th Street	Pittsburgh, PA 15201	412-576-4177
Address of Principal Business Operations	(Number and Street, City, State, Zip Code)	Telephono Parther (Including Area Code)
(if different from Executive Offices)		I IIOUESSED
Brief Description of Business		DEC 4 3 2000 -
The company provides high tech podca	sting and hosting services.	DEC 1 3 2008 E
		THOMSON
Type of Business Organization		FINANCIAL
·· <u> </u>	imited partnership, already formed	other (please specify):
	imited partnership, to be formed	other (prease specify).
	Month Year	·
Actual or Estimated Date of Incorporation or Organ		Actual Estimated
Jurisdiction of Incorporation or Organization: (Ent	ter two-letter U.S. Postal Sevice abbreviation for Sta	te:
CN	for Canada; FN for other foreign jurisdiction)	PA

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

		A. BASIC IDENTI	FICATION DATA		
2. Enter the information red	quested for the follo	wing:			
•	·	has been organized within t	• •		
 Each beneficial own- issuer; 	er having the power	to vote or dispose, or direct	the vote or disposition of, 10	% or more of a clas	ss of equity securities of the
 Each executive offic 	er and director of co	orporate issuers and of corpo	rate general and managing pa	rtners of partnersh	ip issuers; and
Each general and ma	maging partner of partner	artnership issuers.			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	□ Director	General Partner
Full Name (Last name first, Chekan, David J.	if individual)				
Business or Residence Addr	ess (Number a	nd Street, City, State, Zip Co	ode)		
262 45 th Street, Pitts	burgh, PA 15	201			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	Sole member of General Partner
Full Name (Last name first,	if individual)				
Mansueto, Dave					
Business or Residence Addr	•	r and Street, City, State, Zip	Code)		•
262 45 th Street, Pitts	burgh, PA 15	201			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
MacDonald, Chris					
Business or Residence Addr 262 45 th Street, Pitts		nd Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:		⊠ Beneficial Owner	Executive Officer	Director	General and/or
Check Box(es) that Appry.	Li Flomotei	Beneficial Owner	Executive Officer	M Director	Managing Partner
Full Name (Last name first, Mulligan, Martin	if individual)				
Business or Residence Addr	ess (Number a	nd Street, City, State, Zip Co	ode)		
262 45 th Street, Pitts					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or
Full Name (Last name first,	if individual)	·			
Hoopes, Matthew					
Business or Residence Addr	ess (Number a	nd Street, City, State, Zip Co	ode)		
262 45th Street, Pitts	burgh, PA 15	201			
Managing Partner		···			
Full Name (Last name first,	if individual)				
Business or Residence Addr	ess (Number a	nd Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				· · · · · · · · · · · · · · · · · · ·
,					
Business or Residence Addre	ess (Number a	nd Street, City, State, Zip Co	ode)		
		- · · · · ·			

										B. 1	NFORMA	TION AB	OUT OFFE	ERING					
											-							Yes	No
1. 1	las ti	ie is	suer s	old, o	r does	the	issuc	r inte	end to	sell,	to non-acc	redited inve	estors in this	s offering?					\boxtimes
							An	swe	r also ir	n Aj	ppendix, Co	olumn 2, if	filing under	ULOE.					
2.	What	is tł	ie min	imum	inve	stme	nt tha	a wi	ll be ac	cept	ted from an	y individua	d?					\$ N/A	
	.=-																	Yes	No
																		\boxtimes	
: ; 1	simila an ass oroke	r re socia r or	muner ated p dealer	ration erson	for so or ag nore t	dicita gent (han f	ation of a l ive (:	of p brok 5) pe	urchase er or d crsons t	ers i leale	n connection registered	on with sale d with the	paid or give es of securiti SEC and/or persons of se	ies in the of with a sta	ffering. If a te or states	a person to s, list the na	be listed is ame of the		
Full N	ame (Las	t Nar	ne fir	st. if i	ndiv	idua	n Ti	ne offic	er/c	directors o	f the corpo	ration will	offer and s	ell the cor	mmon stocl	k ("Shares"	٦.	
The Si	ares	are	being	g offe	red a	nd so	ld by	/ the	office	rs a	nd directo	rs of the C	orporation	and compo	ensation or	r commissie	ons will not	be paid	in
Conne	ction	the:	<u>ewith</u>	h.	race (Num	bar a	nd S	treet C	`its/	State, Zip	Code							
Duzine	35 01	KÇS	idence	t Add	1655 (NUIII	וא ואנו	iu S	ucci, C	ııy,	State, Zip	code)							
Name	of As	soci	ated E	Brokei	or D	ealer													
States	in Wi	nich	Perso	n List	ed Ha	s So	licite	d or	Intend	s to	Solicit Pure	chasers							
																		□AII	States
•	\L]		AK		AZ				•		[CO]	[CT] [] [FL]	[GA]	[HI]	[ID]		Diares
-	L]	-	IN	-	IA	•	KS	-	KY	_	[LA]	[ME]	[MD X]	[MA]	[MI]	[MN]	[MS]	[MO]	
•	/T]	-	NE		NV	-	[NH	-	[NJ	_	[[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
-	RI]	-	SC		SD		[TN	_	TX	-	[UT]	[VT]	[VA]	[WA X]	[WV]	[WI]	[WY]	[PR]	
Full N	-										(0.)	(' ')	[,,,]	([]	1 1			
	,				,		,												
Busine	SS OF	Res	idence	e Add	ress (Num	ber a	nd S	treet, C	ity,	State, Zip	Code)							
Name	of As	soci	ated E	Broker	or D	ealer													
																	··· ·		
											Solicit Pure								_
·-																		All	
	AL]	_	AK		ΑZ	-	[AR		[CA]		[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
	IL]		IN		IA		[KS		[KY	_	[LA]	[ME]	[MD]	MA]	[MI]	[MN]	[MS]	[MO]	
_	AT]	_	NE		NV		NH		[NJ		[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
	RI J		SC		SD		[TN	<u> </u>	[TX	<u>]</u>	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
Full N	ame (Las	Nam	e first	, if in	divid	lual)												
Busine	ss or	Res	idence	e Add	ress (Num	ber a	nd S	treet, C	ity,	State, Zip	Code)							
					·					•		,							
Name	ot As	soci	ated E	3rokei	or D	ealer													
States	in Wl	nich	Perso	n List	ted H	ıs So	licite	d or	Intend	s to	Solicit Pure	chasers							
														,	,,,			□AII	States
	\L]		AK		ΑZ						[CO]		[DE]		[FL]	[GA]	[Hl]		
	L]		IN		IA		[KS		[KY		[LA]	[ME]	[MD]	[MA]	MI]	[MN]	[MS]	[MO]	
_	- , ИТ]	-	NE		NV		 [NH		[NJ		[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
	RI I												[VA]				[WY]	f PR 1	

_	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND US	E O	F PROCE	EDS		
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.					
	Type of Security		Aggreg Offering			Amount Already Sold
	Debt	\$)	\$	0
	Equity	_			\$	185,000
	☐ Common ☑ Preferred	_			_	
	Convertible Securities (including warrants)	\$_	()	\$_	0
	Partnership Interests	\$_)	\$_	0
	Other (Specify)	\$)	\$_	0
	Total	\$	750,000)	\$	185,000
	Answer also in Appendix, Column 3, if filing under ULOE.				_	
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Numb			Aggregate Dollar Amount
	A consider a formation		Investo	ors	ø	of Purchases
	Accredited Investors	_	0		\$_	0
	Non-accredited Investors	_	0		3 -	0
	Total (for filings under Rule 504 only)	_	0	_	» -	0
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		T	- ¢		Dollar Amount
	Type of offering		Type Securi			Sold
	Rule 505		N/A		\$	N/A
	Regulation A		N/A		\$	N/A
	Rule 504	_	N/A		\$	N/A
	Total		N/A		\$	N/A
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	_			<u>.</u>	
	Transfer Agent's Fees				\$_	N/A
	Printing and Engraving Costs				\$	N/A
	Legal Fees			\boxtimes	\$	20,000
	Accounting Fees			\boxtimes	\$ _	5,000
	Engineering Fees				\$_	N/A
	Sales Commissions (specify finders' fees separately)				\$_	N/A
	Other Expenses (identify) administrative				\$	N/A
	Total				\$	25,000
					_	

Question "adjuster 5. Indicate for each check th gross pro Salar Purc Cons Acqu that i merg Reps	r the difference between the a n I and total expenses furnished it d gross proceeds to the issuer." below the amount of the adjustor of the purposes shown. If the am is box to the left of the estimate, acceds to the issuer set forth in res ries and fees. hase of real astate	i gross proceeds ount for any put The total of the ponse to Part C	art C - Question 4.a. This s to the issuer used or prop rpose is not known, furnish ne payments listed must eq - Question 4.b above. ry and equipment	osed to be us an estimate a ual the adjust	ss_	<u>a</u>	s_ s_	
Salar Purc Cons Acquithat i	of the purposes shown. If the am the box to the left of the estimate, acceds to the issuer set forth in res ries and fees	ount for any pur The total of the ponse to Part C tion of machine age and facilities	rpose is not known, furnish the payments listed must eq — Question 4.b above. ry and equipment	an estimate au ual the adjust	s_ s_	Officers, Directors, & Affiliates*	s _	Others 0
Salar Purc Purc Cons Acqu that i merg Reps	ries and fees	tion of machine	ry and equipment		s_ s_	Officers, Directors, & Affiliates*	s _	Others 0
Pure Pure Cons Acquithat i merg Reps	hase of real estatehase, rental or leasing and installa struction or leasing of plant building uisition of other businesses (including may be used in exchange for the a ser)	tion of machine	ry and equipment		s_ s_	<u>a</u>	s _	
Purc Cons Acqu that r merg Reps	hase, rental or leasing and installa struction or leasing of plant buildinaisition of other businesses (includingly be used in exchange for the a ser)	tion of machine ngs and facilities ling the value of	ry and equipment		s _			0
Cons Acqu that i merg Reps	struction or leasing of plant building sistion of other businesses (incluents) may be used in exchange for the a ser)	ngs and facilities	s		_	0		
Acquithat I	uisition of other businesses (inclue may be used in exchange for the a ser)	ling the value of	f securities involved in this				_ _	0
that i merg Reps	may be used in exchange for the a ser)	ling the value of sects or securiti	f securities involved in this		2 _	0		0
Reps	•		ce of another issuer pursuan	offering t to a			. —	
	lyment of indebtedness			•—	_	0	_ 🗆 s_ _	0
Worl					_		. 🗆 s _	0
O-1 -	king capital						_ 🗆 \$ _	0
Otne	r (specify):				2 –	0	_ □ s	<u> </u>
						0		0
Colu					_	0	. 🗆 s_	
	mn Totals			_	s _		_ \$	0
_ rotal	Payments Listed (column totals a	.aaea)	*************************************	111111111111111111111111111111111111111		□ S <u>16</u>	0,000	
李红色的基础	A STATE OF THE STA		THE THE PERSON AND THE		1		Section 1	HARMAN TO SHOW
	as duly caused this notice to be : natinates an undertaking by the is furnished by the issuer to any non-					otice is tiled unde ssion, upon writt	r Rule 50 en request	5, the following r of its staff, the
ssucr (Print			Signature			Date		
_	AYHEM, INC.	()	1			[7]	114	asc.
	ner (Print or Type)		Title of Olymer (Print or Ty	×)	_	7	77	-0.0
David J.	<u>Chekan</u>		Chief Executive O	fficer		·	•	

152.5			
		Yes	No
1.	Is any party described in 17 CFR 230,262 presently subject to any of the disqualification provisions of such rule?		\boxtimes
	See Appendix, Column, for state response.		
2 .	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice (17 CFR 239,500) at such times as required by law.	c on Fe	orm D
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by offerees.	the iss	ver lu
4,	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be ontitled to the Un Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of the burden of establishing that these conditions have been satisfied.		
	issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the authorized person.	e und e r:	signed
ssuc	er (Print or Type) Signature Dage		
W	EBMAYHEM, INC.	.05	Ø
Nam	ne (Print or Type) Title (Print or Type)		
Da	evid J. Chekan Chief Executive Officer		

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1	2	2	3			4	·		5
	Intend to sell to non-accredited investors in State (Part B-Item 1) Type of security and aggregate offering price offered in state (Part C-Item 1)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)				
State	Yes	No	Series A Convertible Preferred	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK									
AZ									
AR				•					
CA		X							
co									
СТ									
DE									
DC									
FL									
GA									
ні									
ID]		
IL							"		
IN									
IA									
KS				•					
KY									
LA									
ME									
MD		Х							
MA						<u> </u>	. "		
MI									
MN									
MS									
мо									

APPENDIX

1		2	3			4			5
	to non-a investor:	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)				
State	Yes	No	Series A Preferred Convertible	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
МТ									
NE									
NV									
NH							, <u> </u>		
NJ				-					
NM									
NY		х							
NC									
ND									
ОН				· 					
ок									
OR							ı		
PA									
RI					,				
sc									
SD									
TN				ļ.					
TX									
UT									
VT									
VA									
WA		X							
wv									
WI									
WY									
PR									